


STATE OF WASHINGTON UNIFORM INCIDENT REPORT

D A T A	AGENCY NAME LAKE STEVENS POLICE DEPT.		<input type="checkbox"/> OFCR SAFETY <input type="checkbox"/> OFCR ASSAULT		INCIDENT NUMBER 15-00701										
	TYPE OF REPORT COLP		<input type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> JUVENILE <input type="checkbox"/> HATE / BIAS <input type="checkbox"/> COMPUTER USED		<input type="checkbox"/> PROPERTY <input type="checkbox"/> ARREST <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> ARSON - LOSS \$ <input type="checkbox"/> DRUG RELATED										
	INCIDENT CLASSIFICATION Collision/Hit And Run		<input type="checkbox"/> INFORMATION <input type="checkbox"/> PHONE REPORT <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> OTHER:		<input type="checkbox"/> LANDLORD NOTIFICATION YES <input type="checkbox"/> NO <input type="checkbox"/> INITIAL										
	ADDRESS / LOCATION OF INCIDENT 9100 Sr 92		PREMISES TYPE / NAME Roadway		DV PHAMPHLET GIVEN: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>										
P E R S O N S / B U S I N E S S E S	REPORTED ON		OCCURRED ON OR FROM		OCCURRED TO										
	MONTH 03	DAY 17	YEAR 15	TIME 1840	DOW Tue	MONTH 03	DAY 17	YEAR 15	TIME 1840	DOW Tue	MONTH 03	DAY 17	YEAR 15	TIME 1901	DOW Tue
	ADDL ON SUPP <input type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES <input checked="" type="checkbox"/> COLLISION RPT		CODES: V - VICTIM W - WITNESS O - OTHERS		B - VICT BUSINESS C - COMPLAINANT G - PARENT/GUARD		D - DECEASED RO - REG. OWNER		TYPE VICTIM CODE I - INDIVIDUAL B - BUSINESS F - FINANCIAL		G - GOVERNMENT R - RELIGIOUS S - SOCIETY / PUB		P - POLICE O - OTHER U - UNK		
	NO. V-1	NON-DISC.	NAME (LAST, FIRST, MIDDLE) Hatleberg, Shawn Jay			RACE W	ETH	SEX M	DOB 022666	HGT 507	WGT 165	HAIR BRN	EYES GRN		
	STREET ADDRESS 5035 E. Crest Lane					CITY Everett		STATE WA	ZIP CODE 98203	RES. STATUS: F <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/> U <input type="checkbox"/>					
	RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION	SOCIAL SECURITY NO		HATE / BIAS	TYPE VIC	TYPE INJ.	VICTIM OF OFNS# OFNDR#		RELAT.		
	NO. O-1	NON-DISC.	NAME (LAST, FIRST, MIDDLE) Hatleberg, Tianna K			RACE W	ETH	SEX F	DOB 051994	HGT 411	WGT 98	HAIR BRN	EYES BLU		
	STREET ADDRESS 5035 E. Crest Lane					CITY Everett		STATE WA	ZIP CODE 98282	RES. STATUS: F <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/> U <input type="checkbox"/>					
	RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION	SOCIAL SECURITY NO		HATE / BIAS							
	S U S P E C T / I	NUMBER OF SUSPECTS / ARRESTED PERSONS IN THIS INCIDENT:		SUSPECT CODES:		A - ARREST R - RUNAWAY		S - SUSPECT M - MISSING		I - INSTITUTIONAL (MENTAL / DETOX)		X - OTHER			
NO. X-2		NAME (LAST, FIRST, MIDDLE) Bean, Brendon J			RACE W	ETH	SEX M	DOB 012684	AGE 31	HGT 509	WGT 160	EYES GRN			
ALIAS NAME(S)				IDENTIFIERS											
STREET ADDRESS 3826 Rucker Ave					CITY Everett		STATE WA	ZIP 98201	RES. STATUS: F <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/> U <input type="checkbox"/>		RES. PHONE				
EMPLOYMENT / OCCUPATION / SCHOOL					BUS. PHONE		SOCIAL SECURITY NUMBER 570-81-2434		DRIVERS LICENSE / I.D. CARD NO: BEAN*BJ165B6		STATE WA				
IBR ARREST OFFENSE NO.		BOOKED / WHERE		BOOKING #		CHARGES		CITATION / WARRANT # / AGENCY				BAIL			
ARREST DATE		LOCATION OF ARREST				1. <input type="checkbox"/> M <input type="checkbox"/> F		2. <input type="checkbox"/> M <input type="checkbox"/> F		3. <input type="checkbox"/> M <input type="checkbox"/> F					
AFFILIATION		ON VIEW ARREST <input type="checkbox"/>	CITED <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/>	STATEMENT <input type="checkbox"/> ORAL <input type="checkbox"/> WRN	CHARGES <input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED	ARRESTEE ARMED WITH		PCN / IDENTIFICATION NUMBER		MULTI CLEAR <input type="checkbox"/>					
JUV. PARENT GDN. NOTIFIED <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>		NAME / RELATIONSHIP OF PERSON NOTIFIED				DATE / TIME NOTIFIED		NOTIFIED BY:		DISPOSITION OF JUVENILE H <input type="checkbox"/> R <input type="checkbox"/>					
V E H I C L E / T R L / B O A T		VEHICLE CODES: <input type="checkbox"/> STOLEN # <input type="checkbox"/> RECOVERED #		<input type="checkbox"/> LOCATED <input type="checkbox"/> TOWED <input type="checkbox"/> EVIDENCE		<input type="checkbox"/> SEIZED <input type="checkbox"/> ABANDONED		<input type="checkbox"/> DAMAGED / VANDALIZED <input type="checkbox"/> OTHER		<input type="checkbox"/> VICTIM'S VEH. <input type="checkbox"/> SUSPECT'S VEH.		<input type="checkbox"/> HOLD FOR:			
	NO. 1	LICENSE NUMBER ANL4320	STATE WA	VIN / HULL NUMBER 1HGEJ6576XL034823		YEAR 99	MAKE HONDA	MODEL CIVIC	STYLE 4D						
	COLOR RED		SPECIAL FEATURES / DESCRIPTION				VALUE/STOLEN \$		DRIVER IS: <input type="checkbox"/> R / O <input type="checkbox"/> PERSON #:		REGISTERED OWNER'S NAME				
	VEHICLE DISPOSITION <input type="checkbox"/> LEFT AT SCENE <input checked="" type="checkbox"/> DRIVEN AWAY		<input type="checkbox"/> TOWED		TOW COMPANY NAME / ADDRESS / PHONE		STATE TOW NO.		REGISTERED OWNER'S ADDRESS						
	LOCKED <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	KEYS IN VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	DELINQ. PAYMENT <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	VICTIM CONSENT <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	THEFT INS. <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	DRIVE-ABLE <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	DAMAGE TO VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	SPECIFY DAMAGE BY SHADING DAMAGED AREA <input type="checkbox"/> TOP <input type="checkbox"/> UNDERSIDE		7 8	5 6	3 4	1 2		
	DAMAGE EST \$														
	<p>MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE / SHE WILLFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT. (2) MAKING A FALSE REPORT IS A MISDEMEANOR. IF PROPERTY CRIME: I DO NOT GIVE ANYONE PERMISSION TO ENTER MY PREMISES AND / OR TAKE / REMOVE MY PROPERTY / VEHICLE. IF FOUND PROPERTY: I HAVE BEEN ADVISED OF CHAPTER 83 OF THE R.C.W. AND (1) I DO (1) I DO NOT WISH TO CLAIM THE PROPERTY IF THE TRUE OWNER CANNOT BE FOUND.</p> <p>(1) RELEASED PROPERTY TO _____ (1) I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE</p> <p>(1) I DO (1) DO NOT ACCEPT LIABILITY FOR TOWING AND STORAGE (1) REQUEST NON-DISCLOSURE PER RCW 42.17.310 (E)</p> <p>(1) THE NAMED JUVENILE IS PRESENTLY A RUNAWAY</p> <p>(1) THE NAMED PERSON IS PRESENTLY MISSING</p>														
	SIGNATURE OF PERSON _____ DATE _____														
	S T A T U S	OFFICER NAME / NUMBER M. Hingtgen #126		AREA N	OFFICER NAME / NUMBER		AREA	APPROVED BY 		ASSIGNED					
		FORWARD TO: <input type="checkbox"/> DYC <input type="checkbox"/> SUPERIOR		<input type="checkbox"/> MARYS <input type="checkbox"/> EVRGN		PROSECUTOR REVIEW REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO		DISTRIBUTE TO: <input type="checkbox"/> CPS/APS <input type="checkbox"/> DSHS		<input type="checkbox"/> DOL HEARING <input type="checkbox"/> DOC/PROBATION		DATE			

15-00701

LSPD
ORIGINAL

ADDITIONAL PERSONS / VEHICLES

AGENCY NAME LAKE STEVENS POLICE DEPT.				INCIDENT CLASSIFICATION Collision/Hit and Run				INCIDENT NUMBER 15-00701					
ADDITIONAL PERSONS <input checked="" type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES <input type="checkbox"/> COLLISION RPT		CODES: V - VICTIM W - WITNESS O - OTHERS		B - VICT BUSINESS C - COMPLAINANT G - PARENT/GUARD		D - DECEASED RO - REG. OWNER		TYPE VICTIM CODE: I - INDIVIDUAL B - BUSINESS F - FINANCIAL		G - GOVERNMENT R - RELIGIOUS S - SOCIETY / PUB		P - POLICE O - OTHER U - LINK	
NO.	NON-DISC.	NAME (LAST, FIRST, MIDDLE) Burkhead, Teal M				RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES
W-1						W		F	021364	505	135		BLU
STREET ADDRESS 6807 Menzel Lake Rd						CITY Granite Falls		STATE WA		ZIP CODE 98252			
RESIDENCE PHONE 206-234-2341		BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NUMBER		HATE / BIAS		TYPE VIC		TYPE INJ.	
												VICTIM OF OFNS# OFNDR#	
NO.	NON-DISC.	NAME (LAST, FIRST, MIDDLE)				RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES
STREET ADDRESS						CITY		STATE		ZIP CODE			
RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NUMBER		HATE / BIAS		TYPE VIC		TYPE INJ.	
												VICTIM OF OFNS# OFNDR#	
NO.	NON-DISC.	NAME (LAST, FIRST, MIDDLE)				RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES
STREET ADDRESS						CITY		STATE		ZIP CODE			
RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NUMBER		HATE / BIAS		TYPE VIC		TYPE INJ.	
												VICTIM OF OFNS# OFNDR#	

SUSPECT CODES: A - ARREST R - RUNAWAY		S - SUSPECT M - MISSING		I - INSTITUTIONAL (MENTAL / DETOX)		X - OTHER	
NO.	NAME (LAST, FIRST, MIDDLE)				RACE	ETH	SEX
ALIAS NAME(S)				IDENTIFIERS			
STREET ADDRESS				CITY		STATE	ZIP
EMPLOYMENT / OCCUPATION / SCHOOL				BUS. PHONE		SOCIAL SECURITY NUMBER	
IBR ARREST OFFENSE NO.		BOOKED / WHERE		BOOKING #		CHARGES	
						CITATION / WARRANT # / AGENCY	
ARREST DATE		LOCATION OF ARREST				BAIL	
AFFILIATION		ON VIEW ARREST <input type="checkbox"/>	CITED <input type="checkbox"/>	STATEMENT <input type="checkbox"/> ORAL <input type="checkbox"/> WRN	CHARGES <input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED	ARRESTEE ARMED WITH	
						PCN / IDENTIFICATION NUMBER	
JUV. PARENT GDN. NOTIFIED <input type="checkbox"/> Y <input type="checkbox"/> N		NAME / RELATIONSHIP OF PERSON NOTIFIED				DATE / TIME NOTIFIED	
						NOTIFIED BY:	
						DISPOSITION OF JUVENILE H <input type="checkbox"/> R <input type="checkbox"/>	
NO.	NAME (LAST, FIRST, MIDDLE)				RACE	ETH	SEX
ALIAS NAME(S)				IDENTIFIERS			
STREET ADDRESS				CITY		STATE	ZIP
EMPLOYMENT / OCCUPATION / SCHOOL				BUS. PHONE		SOCIAL SECURITY NUMBER	
IBR ARREST OFFENSE NO.		BOOKED / WHERE		BOOKING #		CHARGES	
						CITATION / WARRANT # / AGENCY	
ARREST DATE		LOCATION OF ARREST				BAIL	
AFFILIATION		ON VIEW ARREST <input type="checkbox"/>	CITED <input type="checkbox"/>	STATEMENT <input type="checkbox"/> ORAL <input type="checkbox"/> WRN	CHARGES <input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED	ARRESTEE ARMED WITH	
						PCN / IDENTIFICATION NUMBER	
JUV. PARENT GDN. NOTIFIED <input type="checkbox"/> Y <input type="checkbox"/> N		NAME / RELATIONSHIP OF PERSON NOTIFIED				DATE / TIME NOTIFIED	
						NOTIFIED BY:	
						DISPOSITION OF JUVENILE H <input type="checkbox"/> R <input type="checkbox"/>	

VEHICLE CODES: <input type="checkbox"/> STOLEN # <input type="checkbox"/> RECOVERED #		<input type="checkbox"/> LOCATED <input type="checkbox"/> TOWED <input type="checkbox"/> EVIDENCE		<input type="checkbox"/> SEIZED <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER		<input type="checkbox"/> DAMAGED / VANDALIZED <input type="checkbox"/> OTHER		<input type="checkbox"/> VICTIM'S VEH. <input type="checkbox"/> SUSPECT'S VEH.		<input type="checkbox"/> HOLD FOR:		
NO.	LICENSE NUMBER	STATE	VIN / HULL NUMBER		YEAR	MAKE	MODEL	STYLE				
COLOR	SPECIAL FEATURES / DESCRIPTION				VALUE \$	DRIVER IS: <input type="checkbox"/> R / O <input type="checkbox"/> PERSON #		REGISTERED OWNER'S NAME				
VEHICLE DISPOSITION <input type="checkbox"/> LEFT AT SCENE <input type="checkbox"/> DRIVEN AWAY			TOW COMPANY NAME / ADDRESS / PHONE			STATE TOW NO.		REGISTERED OWNER'S ADDRESS				
LOCKED <input type="checkbox"/> Y <input type="checkbox"/> N	KEYS IN VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N	DELINQ. PAYMENT <input type="checkbox"/> Y <input type="checkbox"/> N	VICTIM CONSENT <input type="checkbox"/> Y <input type="checkbox"/> N	THEFT INS. <input type="checkbox"/> Y <input type="checkbox"/> N	DRIVE-ABLE <input type="checkbox"/> Y <input type="checkbox"/> N	DAMAGE TO VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N	SPECIFY DAMAGE BY SHADING DAMAGED AREA <input type="checkbox"/> TOP <input type="checkbox"/> UNDERSIDE		7	5	3	1
									8	6	4	2
										DAMAGE EST \$		

ADDITIONAL NARRATIVE

AGENCY NAME LAKE STEVENS POLICE DEPARTMENT	INCIDENT CLASSIFICATION Collision/Hit and Run	INCIDENT NUMBER 15-00701
NAME OF VICTIM(S) Hattleberg, Shawn J (2/26/66)		

Narrative:

On 3/17/15 at approximately 1840 hrs., Lake Stevens units were dispatched to a priority collision in the area of SR 9 NE and SR 92. The reporting party, Hattleberg, Shawn J (2/26/66), stated that it involved a hit and run. Shawn informed the 911 calltaker that the fleeing vehicle was a red passenger car with the license plate starting with "ACC."

I arrived onscene at approximately 1844 hrs. I contacted Shawn on the SR 92 in his red Honda Civic, WA LIC #ANL4320. Shawn informed me that he was slowing for the red stop light at SR 92 and SR 9. Shawn stated that he was traveling westbound on SR 92. He stated that when he was slowing, a red passenger car impacted his vehicle from the rear. Shawn said that the rear vehicle stopped momentarily and then fled, eastbound on SR 92. Shawn said that he saw the first part of the plate and believed it was ACC.

Shawn later stated that he was provided the full license plate of ACC5691 from a witness, Burkhead, Teal M (2/13/64). Shawn said the vehicle was last seen traveling east on SR 92, passing 99th Ave NE.

I noticed that there appeared to be minor damage to the rear bumper of the vehicle. Shawn stated that the bumper was undamaged prior to the collision.

I contacted Teal, via phone. Teal confirmed what Shawn had said. I asked Teal if she could describe the vehicle. Teal stated that it was a red import type vehicle. Teal said that it was similar to a Datsun. I asked Teal if she had obtained the vehicle license plate. Teal said that she had never seen the license plate. Teal said that at no point did she look at the plate, only the vehicle.

I completed a Collision Report for the incident.

An extensive area check was conducted for the fleeing vehicle. The registered owner of the suspected fleeing vehicle, Bean, Brendon J (1/26/84), had multiple out of city addresses associated with him. One address was in the city of Everett and the other was in Camano Island. The vehicle was not able to be located.

Attachments:

Vehicle Collision Report
Incident Report
Additional Persons

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

OFFICER NAME / NUMBER M. Hingtgen #126  126	APPROVED BY 
--	---

LSPD
ORIGINAL



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E409030**

CASE #	15-00701
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

INTERSTATE <input checked="" type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>
TRIBAL RESERVATION		

DATE OF COLLISION	03 - 17 - 2015	TIME (2400)	1835	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN OF	<input checked="" type="checkbox"/>	CITY #	0664
-------------------	----------------	-------------	------	----------	----	-------	---	-------	-------------------------------------	--------	------

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR 92	BLOCK NO. <input checked="" type="checkbox"/>	9100
MILE POST		
DISTANCE		OF (REFERENCE OR CROSS STREET)
MILES		SR 9
FEET		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE
---------	---	--------------------------------------	--	-------

LAST NAME	UNKNOWN	FIRST NAME	MIDDLE INITIAL
-----------	---------	------------	----------------

STREET NEW ADDRESS	
--------------------	--

CITY	ST	ZIP
------	----	-----

CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	STATE	SEX	U	D.O.B.	MMDDYYYY
--------------------	-------	-----	---	--------	----------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES
----------------------------------	--------	--------	---	--------	---	-------	---	------------	---	--------------	---	--------------------

LICENSE PLATE #	ACC5691	STATE	WA	VIN#	1N4EB32A0PC773668
-----------------	---------	-------	----	------	-------------------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	1993	MAKE	NISS	MODEL	SENTRA	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	--------	-------	----	---	----------	---

REGISTERED OWNER INFO.	
------------------------	--

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #
--	-------------------------

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
--	------------	--------



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4253452902
---------	---	--------------------------------------	-------------------------------------	---	--	-------	---------------

LAST NAME	HATLEBERG	FIRST NAME	SHAWN	MIDDLE INITIAL	J
-----------	-----------	------------	-------	----------------	---

STREET NEW ADDRESS	5035 E CREST LN
--------------------	-----------------

CITY	EVERETT	ST	WA	ZIP	98203
------	---------	----	----	-----	-------

CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	HATLESJ345C6	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	02	26	1966
--------------------	--------------	-------	----	-----	---	--------	----------	----	----	------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
----------------------------------	--------	--------	---	--------	---	-------	---	------------	---	--------------	---	--------------------

LICENSE PLATE #	ANL4320	STATE	WA	VIN#	1HGEJ6576XL034823
-----------------	---------	-------	----	------	-------------------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	1999	MAKE	HOND	MODEL	CIVIC	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	-------	-------	----	---	----------	---

REGISTERED OWNER INFO.	OWNED BY DRIVER
------------------------	-----------------

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO NP345144
---	-------------------------	-----------------

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
--	------------	--------



OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
------------------------	---------------	--------

M. HINGTGEN	126	WA0311900
-------------	-----	-----------



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E409030**

CASE # **15-00701**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		HATLEBERG TIANNA K																
ADDRESS & PHONE #		5035 E CREST LN EVERETT WA 98203																
		SEX	F	D.O.B. MMDDYYYY	05			19			1994							
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		BURKHEAD-POTTER TEAL G																
ADDRESS & PHONE #		6807 MENZEL LAKE RD GRANITE FALLS WA 98252 2062467809																
		SEX	F	D.O.B. MMDDYYYY	02			13			1964							
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
		SEX		D.O.B. MMDDYYYY														
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Veh #2 was traveling westbound SR 92, approaching the red stop signal at SR 92 and SR 9. Veh #2 began slowing for forward, stopped vehicles. When Veh #2 was nearly stopped, Veh #1 impacted Veh #2 in the rear bumper area of the vehicle. The driver of Veh #2 stated that Veh #1 then fled moments later, eastbound SR 92.

Damage caused to Veh #2 was in the bumper area.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

M. HINGTGEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

03-18-15 08:42 PM

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

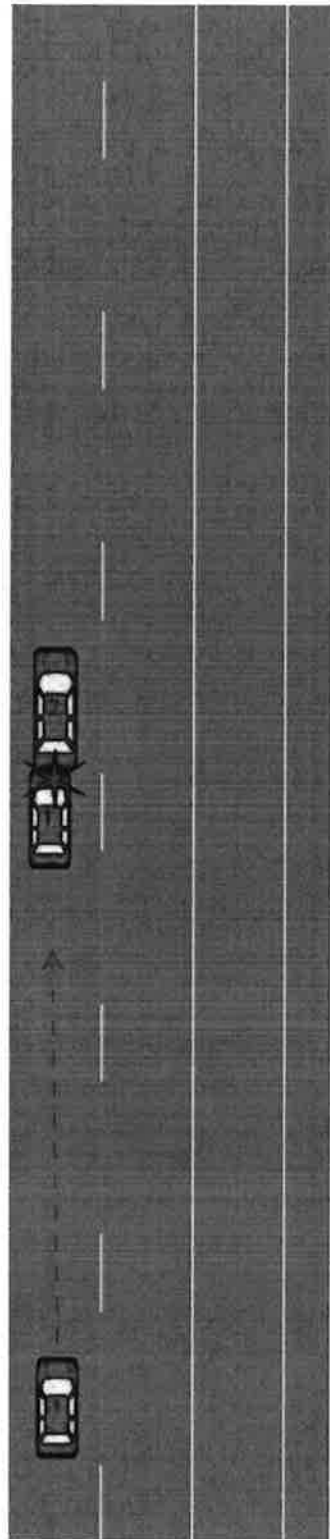
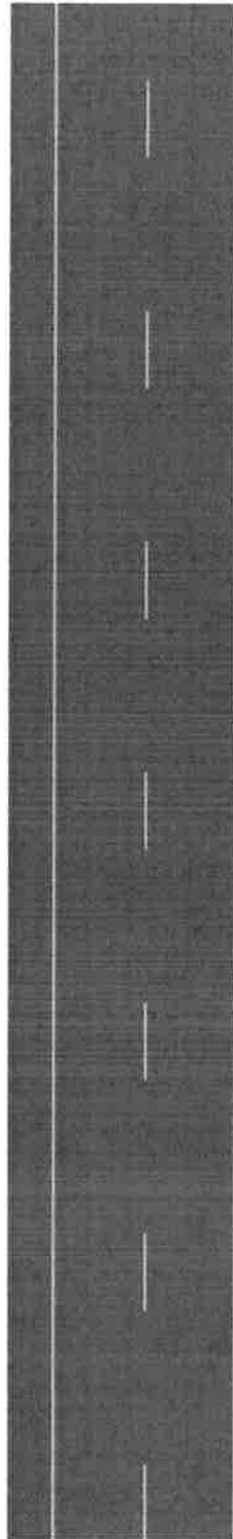
DATE

3/19/2015 3:37:05 AM

BADGE OR ID #	126	ORI #	WA0311900	TIME POLICE DISPATCHED	6:40 PM	TIME POLICE ARRIVED	6:45 PM
---------------	------------	-------	------------------	------------------------	----------------	---------------------	----------------



Not to Scale



State Route 92

Incident History for: #SS15005209

Case Numbers: \$SS15000701

Entered 03/17/15 18:40:47 BY SPCT09 SP0391
Dispatched 03/17/15 18:41:20 BY SPDP17 SP0371
Enroute 03/17/15 18:41:20
Onscene 03/17/15 18:44:46
Closed 03/17/15 19:01:34

Initial Type: COLP Initial Alarm Level: Final Alarm Level:

Final Type: COLP (COLLISION, PRIORITY) Pri: 1 Dispo: H

Police BLK: SS001 Fire BLK: AG1718 Map Page: 377E-4 Group: SS1 Beat: NORT

Src: T

Loc: SR 9 NE/SR 92 , LKS (V)

Loc Info:

Name: HATLEBERG, SHAWN

Addr:

Phone: 4253452902

/1840 (SP0391) ENTRY , CC, 5 AGO, HR RED PC L/ACC??? LSH EB
/1841 (SP0371) AGCADV , BCST
/1841 DISPER 19N3 #SS133 HEINEMANN, OFFICER (GAVIN)
/1841 ASSTER 19N2 #SS126 HINGTGEN, OFFICER (MICHAEL)
/1841 (SP0391) SUPP TXT: NON INJ, NON BLKING, WILL BE PULLED OVER IN
RED HOND CIVIC
/1842 SUPP NAM: HATLEBERG, SHAWN,
PHO: 4253452902,
TXT: RUN VEH IS L/ACC5691
/1842 (SS126) REMINQ 19N2 MDTVEH, ACC5691, , WA, , , , , , , , ,
/1842 (*****) REMINQ 19N2 ACC5691
/1842 (SP0371) REMINQ 19N2 LIC, 19N2, ACC5691, , ,
/1843 (*****) REMINQ 19N2 ANL4320
/1843 (SP0371) REMINQ 19N2 LIC, 19N2, ANL4320, , ,
/1843 MISC 19N2 , VIC VEH @ANL4320
/1843 (SP0391) SUPP TXT: WSP ADV OF SUS VEH
/1844 (SP0371) ONSCNE 19N2 [W/ VIC]
/1846 (SS133) REMINQ 19N3 MDTVEH, ACC5691, , WA, , , , , , , , ,
/1846 *ONSCNE 19N3
/1849 (SP0371) ASNCAS 19N2 \$SS15000701
/1850 (SS133) REMINQ 19N3 MDTVEH, 328ZWU, , WA, , , , , , , , ,
/1850 REMINQ 19N3 MDTVEH, ACC5691, , WA, , , , , , , , ,
/1851 (SP0371) ONSCNE 19N3
/1852 (*****) REMINQ 19N3 AFZ8591
/1852 (SP0371) REMINQ 19N3 LIC, 19N3, AFZ8591, , ,
/1852 \$PREMPT 19N3
/1853 (SS126) REMINQ 19N2 MDTWANT, , , , , , WA, HATLESJ345C6, , , , , , , , , ,
/1901 (SP0371) CLEAR 19N2 D/H
/1901 CLOSE 19N2

LSPD
ORIGINAL